

To claim CME credit, complete this posttest online at <http://www.aad.org/JAAD/>. Note: CME quizzes are available after the first of the month in which the article is published. A minimum score of 70% must be achieved to claim CME credit. If you have any questions, please contact the Member Resource Center of the American Academy of Dermatology at toll-free (866) 503-SKIN (7546), (847) 240-1280 (for international members), or by e-mailing mrc@aad.org.

CME examination

Identification No. S1111

Supplement to the November 2011 issue of the Journal of the American Academy of Dermatology.

Questions 1 to 15

Directions for questions 1 to 15: Choose the single best response

1. Based on analysis of county-level data and cancer incidence, patients in the United States with melanoma are more likely to be diagnosed at an early stage in counties with:
 - a. Higher income
 - b. Higher education
 - c. Higher unemployment
 - d. a & b
2. Counties with lower solar UV rates are associated with higher late-stage melanoma rates among females aged 15 or older.
 - a. True
 - b. False
3. Hispanics in the United States have a high incidence rate of acral lentiginous cancers.
 - a. True
 - b. False
4. Among young white adults in the United States, melanoma rates have increased in:
 - a. Males
 - b. Females
 - c. Both males and females
5. Relative to melanoma, which of the following groups should have a greater need for targeted scrutiny?
 - a. Non-Hispanic whites of all ages
 - b. Younger white women
 - c. Older non-Hispanic white men
 - d. All persons aged 65 or older
6. Both invasive and in-situ melanomas are required by law to be reported to the central cancer registry.
 - a. True
 - b. False
7. The diagnosing physician or facility is required by law to report invasive and in situ melanomas to the central cancer registry.
 - a. True
 - b. False
8. The patient is a 70-year-old Hispanic female who recently retired from her position as a university professor of Mexican literature. The patient has a recent history of a 2.4 mm Breslow depth superficial spreading melanoma on her back without mitoses or ulcerations on pathology. Skin examination at this time reveals a dark Fitzpatrick type V skin with rare nevi. In terms of future cancer risk, the patient should be counseled that she is:
 - a. At high risk for a subsequent invasive melanoma and should be followed by her dermatologist with total body skin exams
 - b. At higher risk for chronic lymphocytic leukemia and should be monitored by her primary care physician
 - c. At risk for thyroid cancer and should be monitored by her primary care physician
 - d. At risk for non-Hodgkin lymphoma and should be monitored by her primary care physician
 - e. a, b and d
9. Which federal cancer registry system collects cancer data on the entire US population?
 - a. CDC's National Program of Cancer Registries (NPCR)
 - b. NCI's Surveillance, Epidemiology, and End Results program (SEER)
 - c. NPCR and SEER combined collect cancer data on the entire US population
10. In the United States, superficial spreading is the most common histology type for melanoma amongst all racial and ethnic groups.
 - a. True
 - b. False

11. Anatomic distribution of cutaneous melanoma varies by race and ethnicity.
 - a. True
 - b. False
12. Black patients are more likely to have advanced and thicker cutaneous melanoma at diagnosis compared to white patients.
 - a. True
 - b. False
13. Among blacks and Asian/Pacific Islanders, the most common anatomic site for cutaneous melanoma is the lower limb and hip.
 - a. True
 - b. False
14. Racial differences in melanoma survival rates remain even after accounting for demographic and clinical factors.
 - a. True
 - b. False
15. The distribution of melanoma cancer stage in the US, as reported using cancer registry data, may be affected by the cancer staging schema used.
 - a. True
 - b. False